

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Darnell Green 07-B-0547

Write the full name of each plaintiff.

7:24CV 03627-CS

(Include case number if one has been assigned)

-against-

AMENDED
COMPLAINT
(Prisoner)

T. Ahnhrster,

Officer Reed,

Officer Daddazio,

Officer D. Prescott,

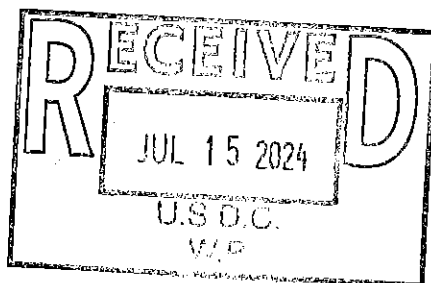
Do you want a jury trial?

☐ Yes ☒ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.



I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

DARRELL

First Name

Middle Initial

GREEN

Last Name

POPE

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

GREEN HAVEN C.F.

Current Place of Detention

P.O. BOX 4000

Institutional Address

Stormville,

County, City

N.Y.

State

12582-4000

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☐ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☒ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1: T. Ahnbrster Don't no
 First Name Last Name Shield #
medical nurse practitioner
 Current Job Title (or other identifying information)
Sullivan Correctional Facility P.O. Box 116
 Current Work Address
Fallsburg, N.J. 12733-0116
 County, City State Zip Code

Defendant 2: Reed Don't no
 First Name Last Name Shield #
Officer. Correctional
 Current Job Title (or other identifying information)
Sullivan C.F. 325 Riverside Drive P.O. Box 116
 Current Work Address
Fallsburg, N.J. 12733-0116
 County, City State Zip Code

Defendant 3: Daddazio Don't no
 First Name Last Name Shield #
Officer. Correctional
 Current Job Title (or other identifying information)
Sullivan C.F. 325 Riverside Drive P.O. Box 116
 Current Work Address
Fallsburg N.J. 12733-0116
 County, City State Zip Code

Defendant 4: Daryl Prescott Don't no
 First Name Last Name Shield #
Officer. Correctional
 Current Job Title (or other identifying information)
Sullivan C.F. 325 Riverside Drive P.O. Box 116
 Current Work Address
Fallsburg N.J. 12733-0116
 County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: SULLIVAN C.F.

Date(s) of occurrence: MAY 3, 2022.

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

on 5/3/2022. I refuse to leave off the DRAFT Bus because of the ISSUE I had there in the passed with officers and prisoner retaliation pending lawsuit. Officers recd CO DADDEZIO, CO PRESCOTT, had taken me off the BUS by use of Force and in To a Hallway then start Punching me in the face and was sitting on bending and kicking my right leg knee in the emergency ROOM while I were on the floor. In June 2022 X-RAY and a MRI was taken Place latter because I had suffered a leg INJURY with black spots on the bone and a swelling knee. *on 7/21/2022 I seen nurse PRACTITIONER Ahnbrster she said that I had a Tumor on my bone right where of the same place I had to get physical therapy on because my (R) quadriceps were injured Do to TRAUMA, but latter 5 minutes saying that I Don't have a Tumor. Ahnbrster order for me to be seen by orthopedic

consult for farther treatment and medically prescribed a knee sleeve. nurse practitioner at Sullivan and Clinton C.F. said that I have a Tumor; I Don't no if its the truth or not. the last time I seen an orthopedic were 10/11/2022. He discuss about raning a faw more Test to determine the black spots But said I need a biopsy. the first [MRI] was order while I were At Sullivan C.F. and went out for it in July 2022. the "MRI" was supposed of been Because the Black spots. where these Medical people Did a MRI of the wrong thing. on 9/28/2023. I had Finally Got the second MRI regarding those Black spots on my bone tissue and whatever they are showed that My (R) quadricer muscle start to atrophy little by little. This is July 7, 2024. I still hadn't seen an orthopedic and Believe why My health is suffering because I'am being wrongfully Denied to see the doctor

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Swelling knee ■ (R) quadricep were damage
Black spots on bone tissue do to Trauma
and face bruising ■ I had received
physical therapy at Coxsackie C.F. not
Sullivan on 7/21/22. that's when Altnbrster
order a knee sleeve and orthopedic appointment

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

2.5 million compensatory and punitive
money damages.

Legal Mail

GREEN HAVEN CORRECTIONAL FACILITY

P.O. BOX 4000

STORMVILLE, NEW YORK 12582-4000

NAME: DARTNELL Green DIN: 07-B0547

GREEN HAVEN

NEOPOST

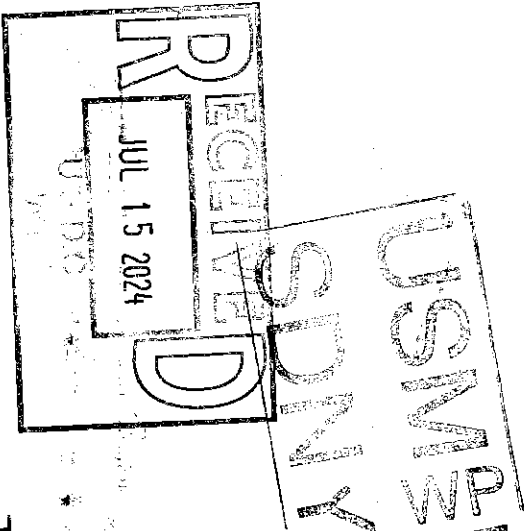
FIRST-CLASS MAIL

07/11/2024

US POSTAGE \$000.88⁹



ZIP 12582
041M11466608



United State District Court
Southern District New York
300 Quarropas street
White Plains, New York 10601

* 1050134140 CC04



Tor Clerk of Court